



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
QualChoice Life and Health Insurance Company, Inc.

NAIC Group Code	4807 (Current Period)	4807 (Prior Period)	NAIC Company Code	70998	Employer's ID Number	71-0386640
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	AR		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	10/17/1992		Commenced Business	04/25/1965		
Statutory Home Office	12615 Chenal Parkway, Suite 300 (Street and Number)		Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)			
Main Administrative Office	12615 Chenal Parkway, Suite 300 (Street and Number) Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)					
Mail Address	12615 Chenal Parkway, Suite 300 (Street and Number or P.O. Box)		Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	12615 Chenal Parkway, Suite 300 (Street and Number) Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.qualchoice.com		(501)228-7111 (Area Code)(Telephone Number)			
Statutory Statement Contact	Greg Moore (Name) gregory.moore@qualchoice.com (E-Mail Address)		(501)219-5156 (Area Code)(Telephone Number)(Extension) (501)707-6728 (Fax Number)			

OFFICERS

Name	Title
Randall Alvin Crow	President #
Gregory Porter Moore	CFO #
Charles William Hanson	Secretary

OTHERS

Win Hammerly M.D., Vice President - Medical Affairs

DIRECTORS OR TRUSTEES

Mark Fred Bjornson	Steven Charles Schramm
Philip Linwood Foster	Charles William Hanson
Jeremy Stephen Dressen #	

State of Arkansas
County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Randall Alvin Crow (Printed Name) 1. President (Title)	(Signature) Gregory Porter Moore (Printed Name) 2. CFO (Title)	(Signature) Charles Hanson (Printed Name) 3. Secretary (Title)
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Subscribed and sworn to before me this _____ day of _____, 2019	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[] _____ _____ _____
_____ (Notary Public Signature)		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals	442,961	2,152	568	142	142	445,682
0299998 Premiums due and unpaid not individually listed	26,982	(437)	5	650	650	26,550
0299999 TOTAL Group	26,982	(437)	5	650	650	26,550
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	469,943	1,715	573	792	792	472,232

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Optum Rx	273,786	281,642	281,427	864,316	864,316	836,854
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	273,786	281,642	281,427	864,316	864,316	836,854
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	273,786	281,642	281,427	864,316	864,316	836,854

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	1,709,042	1,771,553		1,701,169	1,709,042	1,073,647
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	1,709,042	1,771,553		1,701,169	1,709,042	1,073,647

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered	38,121	12,623	7,830	3,053	10,178	71,805
0399999 Aggregate Accounts Not Individually Listed - Covered	358,562	118,727	73,646	28,720	95,732	675,387
0499999 Subtotals	396,683	131,350	81,476	31,773	105,910	747,192
0599999 Unreported claims and other claim reserves						14,802,797
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						15,549,989
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
QualChoice Health Plan Services	28,194					28,194	
QCA Health Plan	1,187,478					1,187,478	
0199999 Total - Individually listed receivables	1,215,672					1,215,672	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	1,215,672					1,215,672	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 Payables not Individually Listed	X X X .....	.....	.....	.....
0399999 TOTAL Gross Payables	X X X .....	.....	.....	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups						
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments						
Other Payments:							
5.	Fee-for-service	5,913,431	7.448	X X X	X X X		5,913,431
6.	Contractual fee payments	73,484,216	92.552	X X X	X X X	7,364,501	66,119,715
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	79,397,647	100.000	X X X	X X X	7,364,501	72,033,146
13.	TOTAL (Line 4 plus Line 12)	79,397,647	100.000	X X X	X X X	7,364,501	72,033,146

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code 4807 NAIC Company Code 70998

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	28,976	20,329	5,268	2,538						841
2. First Quarter	29,439	19,327	6,525	2,557						1,030
3. Second Quarter	29,351	18,989	6,866	2,566						930
4. Third Quarter	28,452	17,773	7,155	2,597						927
5. Current Year	27,756	15,850	8,336	2,588						982
6. Current Year Member Months	346,338	219,427	84,251	30,920						11,740
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	228,887	146,201	47,597	35,089						
8. Non-Physician	218,903	100,787	100,216	17,900						
9. TOTAL	447,790	246,988	147,813	52,989						
10. Hospital Patient Days Incurred	17,449	11,193	1,726	4,530						
11. Number of Inpatient Admissions	3,454	2,499	409	546						
12. Health Premiums Written (b)	127,331,311	92,265,277	29,024,345	4,959,299						1,082,390
13. Life Premiums Direct	911,577		911,577							
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	128,242,888	92,265,277	29,935,922	4,959,299						1,082,390
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	79,397,646	62,549,840	13,217,112	3,165,801						464,893
18. Amount Incurred for Provision of Health Care Services	83,093,782	50,321,667	27,440,642	4,473,891						857,582

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code 4807 NAIC Company Code 70998

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4807 NAIC Company Code 70998

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	28,976	20,329	5,268	2,538						841
2. First Quarter	29,439	19,327	6,525	2,557						1,030
3. Second Quarter	29,351	18,989	6,866	2,566						930
4. Third Quarter	28,452	17,773	7,155	2,597						927
5. Current Year	27,756	15,850	8,336	2,588						982
6. Current Year Member Months	346,338	219,427	84,251	30,920						11,740
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	228,887	146,201	47,597	35,089						
8. Non-Physician	218,903	100,787	100,216	17,900						
9. TOTAL	447,790	246,988	147,813	52,989						
10. Hospital Patient Days Incurred	17,449	11,193	1,726	4,530						
11. Number of Inpatient Admissions	3,454	2,499	409	546						
12. Health Premiums Written (b)	127,331,311	92,265,277	29,024,345	4,959,299						1,082,390
13. Life Premiums Direct	911,577		911,577							
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	128,242,888	92,265,277	29,935,922	4,959,299						1,082,390
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	79,397,646	62,549,840	13,217,112	3,165,801						464,893
18. Amount Incurred for Provision of Health Care Services	83,093,782	50,321,667	27,440,642	4,473,891						857,582

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates						
77828	57-0523959 ...	12/01/2010	COMPANION LIFE INS CO	SC	30,000 .....	.....
0999999 Subtotal - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates					30,000 .....	.....
1099999 Total - Life and Annuity - Non-Affiliates					30,000 .....	.....
1199999 Total - Life and Annuity					30,000 .....	.....
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					.....	.....
1899999 Total - Accident and Health - Affiliates .....					.....	.....
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-9990032 ...	01/01/2014	US Dept of Hlth & Human Serv	DC	33,542 .....	.....
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					33,542 .....	.....
2199999 Total - Accident and Health - Non-Affiliates					33,542 .....	.....
2299999 Total - Accident and Health					33,542 .....	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					.....	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					63,542 .....	.....
9999999 Total (Sum of 1199999 and 2299999)					63,542 .....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/G ..	CMM	229,277 .....	.....	.....	.....	.....	.....	.....
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	OTH/I ..	CMM	444,710 .....	.....	.....	.....	.....	.....	.....
77828	57-0523959	09/01/2013	COMPANION LIFE INS CO	SC	OTH/G ..	CMM	148,937 .....	.....	.....	.....	.....	.....	.....
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							822,924 .....	.....	.....	.....	.....	.....	.....
1099999 Total - General Account - Authorized - Non-Affiliates							822,924 .....	.....	.....	.....	.....	.....	.....
1199999 Total - General Account Authorized							822,924 .....	.....	.....	.....	.....	.....	.....
3499999 Total - General Account - Authorized, Unauthorized and Certified							822,924 .....	.....	.....	.....	.....	.....	.....
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							822,924 .....	.....	.....	.....	.....	.....	.....
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....							.....	.....	.....	.....	.....	.....	.....
9999999 Total (Sum of 3499999 and 6899999)							822,924 .....	.....	.....	.....	.....	.....	.....

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	823	1,484	1,855	2,567	592
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	64	996	6,371	6,817	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	62,381,138		62,381,138
2. Accident and health premiums due and unpaid (Line 15)	472,232		472,232
3. Amounts recoverable from reinsurers (Line 16.1)	63,542		63,542
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	11,891,132		11,891,132
6. TOTAL Assets (Line 28)	74,808,044		74,808,044
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	15,549,990		15,549,990
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	20,554		20,554
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	8,329,001		8,329,001
15. TOTAL Liabilities (Line 24)	23,899,545		23,899,545
16. TOTAL Capital and Surplus (Line 33)	50,908,495	X X X	50,908,495
17. TOTAL Liabilities, Capital and Surplus (Line 34)	74,808,040		74,808,040
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4807	Catholic Health Initiatives	70998	71-0386640	.....	.....	.....	QualChoice Life and Health Insurance Company, Inc.	AR	RE	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	95448	71-0794605	.....	.....	.....	QCA Health Plan, Inc.	AR	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	12909	42-1720801	.....	.....	.....	Soundpath Health, Inc.	WA	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	15488	46-4368223	.....	.....	.....	Heartland Plains Health	NE	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	15499	46-4380824	.....	.....	.....	Riverlink Health	OH	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	15486	46-4828332	.....	.....	.....	Riverlink Health of Kentucky, Inc.	KY	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	15751	47-3433912	.....	.....	.....	QualChoice Advantage, Inc.	AR	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	27-4075520	.....	.....	.....	QualChoice Holdings, Inc.	AR	UDP	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	46-1224037	.....	.....	.....	QualChoice Health Plan Services, Inc.	CO	UIP	QualChoice Health, Inc.	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	46-1222808	.....	.....	.....	QualChoice Health, Inc.	CO	UIP	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	31-1378212	.....	.....	.....	Consolidated Health Services, Inc. dba CHI Health At Home	OH	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	46-3867953	.....	.....	.....	CHI Housing Initiatives, LLC	CO	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	98-0203038	.....	.....	.....	First Initiatives Insurance, Ltd.	CYM	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	98-0663022	.....	.....	.....	Captive Management Initiatives, Ltd.	CYM	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	98-0559613	.....	.....	.....	All Saints Insurance Company, SPC, Ltd.	CYM	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	84-1112049	.....	.....	.....	Alternative Insurance Management Services, Inc.	CO	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	46-2945938	.....	.....	.....	Catholic Health Initiatives Physican Services, LLC	CO	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	23-2487967	.....	.....	.....	Franciscan Services, Inc.	CO	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	20-1536108	.....	.....	.....	Global Health Initiatives	CO	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	20-2741651	.....	.....	.....	CHI Kentucky, Inc.	KY	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	27-1050565	.....	.....	.....	CHI Institute for Research and Innovation	CO	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	45-2532084	.....	.....	.....	CHI National Services	CO	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	27-1966847	.....	.....	.....	CHI Health Connect at Home - Fargo	ND	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	23-2342997	.....	.....	.....	CHI St. Joseph Children's Health	PA	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	71-0897107	.....	.....	.....	CHI St. Joseph's Children	NM	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	27-0930004	.....	.....	.....	CHI National Foundation	CO	NIA	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....
4807	Catholic Health Initiatives	00000	47-0617373	.....	.....	.....	Catholic Health Initatives	CO	UIP	Catholic Health Initatives	Ownership	100.0	Catholic Health Initiatives	N	.....

41

Asterisk	Explanation
0000001	.....

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 70998 0000 ...	.. 71-0386640 46-1224037 ..	QUALCHOICE LIFE & HLTH INS CO INC QualChoice Health Plan Services .....	.....	.....	.....	.....	.....	..... (13,269,176) 13,269,176	..... .....	..... .....	.. (13,269,176) 13,269,176	..........
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes
- APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes
- JUNE FILING
8. Will an audited financial report be filed by June 1?

Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

Yes
- AUGUST FILING
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1?

No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

No
- APRIL FILING
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

No
- AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Yes

Explanation:

12. The company has none
13. The company has none
14. The company has none
15. The company has none
16. The company has none
17. The company has none
18. The company has none
19. The company has none
20. The company has none
21. The company has none
24. The company has none
25. The company has none

Bar Code:

Health Life Supplement - March



709982018205000002018Document Code: 205

Schedule SIS



709982018420000002018Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



709982018371000002018Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



709982018370000002018Document Code: 370

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



70998201836500000

2018

Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



70998201822400000

2018

Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



70998201822500000

2018

Document Code: 225

Approval for Relief related to Require. for Audit Committees



70998201822600000

2018

Document Code: 226

LTC Supplemental Interrogatories



70998201830600000

2018

Document Code: 306

Health Life Supplement - April



70998201821100000

2018

Document Code: 211

LHA Guaranty Association Reconciliation



70998201829000000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



70998201830000000

2018

Document Code: 300

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. LAE Expenses			35,967		35,967
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			35,967		35,967



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2018
(To be filed by March 1)
FOR THE STATE OF ARKANSAS

NAIC Group Code: 4807
Address (City, State and Zip Code): Little Rock, AR 72211
Person Completing This Exhibit: Gregory Moore

Title: CFO
Telephone Number: (501)219-5156

Supp12 Arkansas

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
Yes		F	No	1,2,3,4,5	01/01/2011				MediQ65	1,765,864	298,548	16.9	746	802,245	1,703,159	212.3	345
Yes		G	No	1,2,3,4,5	01/01/2011				MediQ65	129,644	188,381	145.3	75	2,062,805	2,028,349	98.3	1,256
Yes		N	No	1,2,3,4,5	01/01/2011				MediQ65	42,865	9,981	23.3	30	136,297	240,608	176.5	105
Yes		A	No	1,2,3,4,5	01/01/2011				MediQ65	4,444	4,262	95.9	3	7,406	(2,119)	(28.6)	4
Yes		K	No	1,2,3,4,5	01/01/2016				MediQ65					140	(93)	(66.4)	1
Yes		F	No	1,2,3,4,5	01/01/2016				MediQ65					16,239	3,216	19.8	23
0199999 Total Experience on Individual Policies										1,942,817	501,172	25.8	854	3,025,132	3,973,120	131.3	1,734
Total Experience on Group Policies																	
N/A			No														
N/A			No														
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 12615 Chenal Parkway, Ste. 300, Little Rock AR 72211
 - Contact Person and Phone Number: Gregory Porter Moore (501)219-5156
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: 12615 Chenal Parkway, Ste. 300, Little Rock AR 72211
 - Contact Person and Phone Number: Gregory Porter Moore (501)219-5156
- Explain any policies identified above as policy type "O":

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